

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Southwest Leadership Fund

ADDRESS (number and street) ▼

600 Pennsylvania Ave SE

Ste 210

☐ Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00471334

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
09 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carolyn Gonzales

Signature of Treasurer

Carolyn Gonzales

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Southwest Leadership Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 09 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y  
 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		37527.54
(b) Cash on Hand at Beginning of Reporting Period.....	14253.94	
(c) Total Receipts (from Line 19) .....	22500.00	179937.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	36753.94	217464.64
7. Total Disbursements (from Line 31) .....	20955.83	201666.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15798.11	15798.11
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Southwest Leadership Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09		01		2014

To:

M M	/	D D	/	Y Y Y Y
09		30		2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2500.00	55800.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2500.00	55800.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	102000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	12500.00	157800.00
12. Transfers From Affiliated/Other Party Committees.....	10000.00	22000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	137.10
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	22500.00	179937.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22500.00	179937.10

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	3455.83	58666.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3455.83	58666.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	95000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	9000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	9000.00
29. Other Disbursements .....	0.00	39000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20955.83	201666.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20955.83	201666.53

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12500.00	157800.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	9000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12500.00	148800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	3455.83	58666.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	137.10
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	3455.83	58529.43

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Southwest Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. William Little Jr.**

Mailing Address 1107 5th Ave

City

New York

State

NY

Zip Code

10128-0145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2014

Transaction ID : C9805840

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Southwest Leadership Fund**

Full Name (Last, First, Middle Initial)

## **A. Communications Workers of America PAC**

Mailing Address 501 3rd St NW

City

Washington

State

DC

Zip Code

20001-2760

FEC ID number of contributing  
federal political committee.

C

C00002089

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : C9892214**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Davita Healthcare Partners, Inc. PAC**

Mailing Address 32275 32nd Ave S

City

Federal Way

State

WA

Zip Code

98001-9616

FEC ID number of contributing  
federal political committee.

C

C00340943

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2014

**Transaction ID : C9887221**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. GENERIC PHARMACEUTICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 777 6th St NW

Ste 510

City

Washington

State

DC

Zip Code

20001-4498

FEC ID number of contributing  
federal political committee.

C

C00383463

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2014

**Transaction ID : C9871981**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

8500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Southwest Leadership Fund**

Full Name (Last, First, Middle Initial)

## **A. Health Care Service Corporation Employees' PAC**

Mailing Address 300 E Randolph St

City State Zip Code  
Chicago IL 60601-5014

FEC ID number of contributing  
federal political committee.

**C** C00199711

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09 / 25 / 2014**

**Transaction ID : C9871970**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**/ /**

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**/ /**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

10000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 12  
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NAME OF COMMITTEE (In Full)

**Southwest Leadership Fund**

Full Name (Last, First, Middle Initial)

## **A. New Mexico Grassroots Victory Fund**

Mailing Address PO Box 15293

City  
Washington

State Zip Code  
DC 20003

FEC ID number of contributing  
federal political committee.

C C00540211

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2014

Transaction ID : C9842406

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Joann Phillips**

Mailing Address 3101 Old Pecos Trl  
Unit 678

City  
Santa Fe

State Zip Code  
NM 87505-9548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2014

Transaction ID : C9842407

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

## **C. New Mexico Grassroots Victory Fund**

Mailing Address PO Box 15293

City  
Washington

State Zip Code  
DC 20003

FEC ID number of contributing  
federal political committee.

C C00540211

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2014

Transaction ID : C9843232

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

10000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 16

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Southwest Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. Paula O'Brien**

Mailing Address 463 Camino Manzano

City

Santa Fe

State

NM

Zip Code

87505-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2014

Transaction ID : C9843233

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

**TOTAL** This Period (last page this line number only)..... ►

10000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Southwest Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. CyberSource Corporation**

Mailing Address PO 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

**Transaction ID : D444982**

Amount of Each Disbursement this Period

91.00
-------

Full Name (Last, First, Middle Initial)

**B. CyberSource Corporation**

Mailing Address PO 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

**Transaction ID : D448004**

Amount of Each Disbursement this Period

42.93
-------

Full Name (Last, First, Middle Initial)

**C. Katz Watson Group, Inc.**Mailing Address 236 Massachusetts Ave NE  
Ste 602

City	State	Zip Code
Washington	DC	20002-4971

Purpose of Disbursement  
Fundraising Services for PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2014

**Transaction ID : D448006**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1133.93
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Southwest Leadership Fund**

Full Name (Last, First, Middle Initial)

## **A. Payroll Company**

Mailing Address 10433 Montgomery Pkwy NE  
Ste 100

City Albuquerque State NM Zip Code 87111-3874

Purpose of Disbursement  
Payroll Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2014

**Transaction ID : D445039**

Amount of Each Disbursement this Period

44.67

Full Name (Last, First, Middle Initial)

## **B. Payroll Company**

Mailing Address 10433 Montgomery Pkwy NE  
Ste 100

City Albuquerque State NM Zip Code 87111-3874

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2014

**Transaction ID : D445040**

Amount of Each Disbursement this Period

314.32

Full Name (Last, First, Middle Initial)

## **C. Vanguard Group**

Mailing Address PO Box 2600

City Valley Forge State PA Zip Code 19482-2600

Purpose of Disbursement  
IRA Payment

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2014

**Transaction ID : D448007**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1358.99

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Southwest Leadership Fund

### A. Payroll Company

Date of Disbursement

Mailing Address 10433 Montgomery Pkwy NE  
Ste 100

City	State	Zip Code
Albuquerque	NM	87111-3874

Transaction ID : D445041

Purpose of Disbursement	Payroll

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

### B. Meredith A. Dixon

Date of Disbursement

Mailing Address 1412 Stagecoach Ln SE

MM / DD / YYYY

City	State	Zip Code
Albuquerque	NM	87123-4429

Transaction ID : D445042

Purpose of Disbursement	Salary

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

802.73

3295.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Southwest Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. AL FRANKEN FOR SENATE 2014**

Mailing Address PO Box 583144

City	State	Zip Code
Minneapolis	MN	55458-3144

Purpose of Disbursement  
Federal Contribution

Candidate Name

**AL FRANKEN**

Office Sought:	House
	<input checked="" type="checkbox"/> Senate
	President
State: MN	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : D445017**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Alison for Kentucky**

Mailing Address 340 Democrat Dr

City	State	Zip Code
Frankfort	KY	40601-8209

Purpose of Disbursement  
Federal Contribution

Candidate Name

**ALISON LUNDERGAN GRIMES**

Office Sought:	House
	<input checked="" type="checkbox"/> Senate
	President
State: KY	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2014

**Transaction ID : D445985**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Braley for Iowa**

Mailing Address PO Box 856

City	State	Zip Code
Des Moines	IA	50304-0856

Purpose of Disbursement  
Federal Contribution

Candidate Name

**BRUCE L BRALEY**

Office Sought:	House
	<input checked="" type="checkbox"/> Senate
	President
State: IA	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2014

**Transaction ID : D445983**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Southwest Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. UDALL FOR COLORADO**

Mailing Address PO Box 40158

City

Denver

State

CO

Zip Code

80204-0158

Purpose of Disbursement

Federal Contribution

Candidate Name

**MARK E UDALL**

Office Sought:

☐

House

☒

Senate

☐

President

State: CO

District: 00

Disbursement For: 2014

☐

Primary

☒

General

☐

Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : D445016**

Amount of Each Disbursement this Period

2500.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
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17500.00
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